MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 10/564659 FILING DATE

APPLICANT(S)

CLAIMS

	AS F	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1 2						<u> </u>	
3							
4							
5							
<u>6</u> 7							
8							
9							
10							
11						ļ	
12							
13 14							
15							
16							
17							
18							
19 20							
21	-						
22							
23							
24							
25						ļ	
26			-				
27 28				<u> </u>		ļ	
29				-			
30							
31							
32							
33							
34						ļ	
35 36							
37							
38					· · · · · ·		
39							
40							
41						ļ	
42							
43						 	
45						·	
46							
47							
48							
49						 	
50 TOTAL							
IND.		♥	2	♣		♣	
TOTAL		_	13	` _	-	_	
DEP.		7	リン	_			
TOTAL			15				
AIMS							